

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596 847

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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47						
48						
49						
50						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←		←	←	←	
TOTAL CLAIMS		████		████		████

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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57						
58						
59						
60						
61	1					
62		1				
63		1				
64		1				
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94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	3		↓	↓	↓	
TOTAL DEP.	17	←	←	←	←	←
TOTAL CLAIMS	20	████		████		████